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## Placental Thinking for Mother-Centred Birth

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*This essay forwards the notion of “mother-centred” birth by engaging with contemporary placenta practices in a North American context, as grown from the revival of midwifery-based care. As a midwifery advocate and birth scholar, I want to reevaluate “birth” as a central category for social philosophy and human thriving. I want to see respectful, compassionate care for mothers’ wellbeing and quality of experience become central to the birth-giving and postpartum period. Enacting social philosophy through placental thinking, I extend the literal and metaphoric power of placentas toward the empowerment of mothers. Placentas have a tree-like structure and relational design that is a literal and metaphorical tree of life—nourishing roots that gestate the earliest gifts of mothering. Placental thinking for mother-centred birth considers mothers to be at the centre of birth, and seeks to empower mothers by highlighting the importance of the lived qualities of mothers’ birth and postpartum experiences.*

I love placentas. But I was not looking for them in my early years of birth work. Yet the placenta—that amazing blood-pie born soon after baby is from its mother—has a stage of labour all its own. As a birth keeper and once apprentice midwife, I support sacred, humane birth practices for women, babies, and families. As a midwifery advocate and birth scholar, the placenta has patiently called out to me to listen to and learn from its many gifts—if only I, and others, will listen.

I am truly inspired by the placenta and what it does to nourish and support new life. Once seen as the left overs of birth through medical procedures, the placenta is having its day, as more and more mothers, midwives, families, birth workers, and others are connecting to its wisdom ways (Jordan). Across North America and elsewhere, placentas are being reclaimed after birth by mothers and families through such practices as burial planting, ceremony, lotus birth, encapsulation, and other forms of therapeutic use. The placenta

and umbilical cord are perhaps our first sacred tree of life, as the placenta nourishes the baby in utero from the mother until birth. With its treelike design, the placenta is symbolically connected to extended networks of life on Mother Earth, upon which we depend for ongoing nourishment after birth. I love the placenta for being a body-, birth-, and earth-based metaphor for relationship, communication, and interconnection. Placentas highlight the centrality of body knowledge in modern societies that are losing connection to the “birthy” mother fabric of our earthy origins.

### **Treelike, Relational Design**

The round, cakelike shape of the placenta has a mother and a baby side. The mother’s side appears brainlike with intersecting lobes attaching to the inside of the mother’s womb/uterus during pregnancy. The baby’s side holds the umbilical cord and extends into a long, winding tree trunk anchoring the floating baby in utero. Babies are the fruits and flowers on this human tree of life. The cord, or trunk, connects the baby’s life force to rooted networks of blood vessels in the placental mass, which look exactly like tree roots. These vessel roots reach into the nourishing soil or life force of the mother. Capillaries in the placental mass diffuse all necessary nutrients, oxygen, and wastes between mother and baby while maintaining the separate vascular and circulatory systems of each. The bodies of mother and baby are, thus, completely unique, yet they are bound to the other through the placenta’s relational design.

This amazing placental morphology is the first human experience of relationship. Thinking on it all, I am drawn into the poetic mysteries of our maternal origins—mysteries of birth and gifts of life itself. Throughout my years of teaching about midwifery and mother-centred birth, I found that reconnecting people to the wonders of placental design holds a compelling thread to the primacy of birth-based origins, bringing awareness to the maternal roots of our lives. With its rich blood-red, rooted, treelike design, the placenta embodies the necessity of nourishing relationships—as the birth rite (and rights) of our lives.

### **Mother-Centred Birth**

In thinking about placentas and birth, I extend the oft-used term “woman-centred birth” to “mother-centred birth” in order to acknowledge mothers themselves. I want to highlight mothering as a central facet of human existence that supports the regeneration and development of human culture and society at large. Biological, cultural, and social wellbeing surely begins at birth and in the qualities of both the mother’s and baby’s experience during the precious,

intimate early moments of giving birth and being born. The qualities of sensation and feeling of birth are central to mother's and baby's experience at this intense, transformative time of life. "Sensation" means "being of the senses," and is related to sensual, embodied experience. Thus, concern for positive qualities of sensual experience is true for mother and baby and, by extension, for partners and families into which the new mother-baby unit is born. Mother-centred birth extends relational, respectful, and empathic care and guidance toward mothers giving birth; the mother's experience is considered central to the birth process itself. Mothers are thus empowered to give birth from the powers of their bodies and from their holistic self-capacities of mind, emotions, and spirit as they navigate the sensations of pain, pressure, relief, or ecstasy of birth giving. Mothers are at the centre, and are cared for and held by those around them.

Midwives have long been considered to be "with woman" in this regard, where "with" denotes coming alongside the mother as a sacred, whole person. The midwife can be a knowledgeable companion to the mother's experience, rather than acting to control, manipulate, or abuse her body and birth giving. The literature on midwifery (Gaskin; Koehler; Johnson and Daviss) demonstrates how women are highly satisfied with the wellbeing midwives provide during and after birth. Midwifery is, thus, a central component of care for mother-centred birth.

I myself was an avid student of the lay midwifery movement in Canada since attending a homebirth in 1980s Toronto. The word "lay" denoted North American midwives who practised homebirth midwifery since at least the 1970s onward. Without legal status, lay midwives—those brave feminist foremothers of the social movement for woman-centred, caring, and positive birth experience—trained themselves in the art and science of midwifery through various means (Gaskin). This included studying obstetrical texts, working with doctors, travelling to birth clinics, apprenticing with experienced midwives, and learning from birth itself. Having grown alongside the women's rights movement and witnessing the overmedicalization of birth with its often paternalistic control of women's bodies (van Teijlingen et al.) midwifery as a social movement restored natural, physiologic, low-tech birth giving to mothers and families at home and in clinic where possible.

As a mother-centred philosophy of care, midwifery supports mothers' powers, rights, choices and self-sufficiency, and honours mothers themselves as the keepers of birth. Pregnancy and birth-giving are understood to be normal life-cycle events that can be experienced in positive, life-affirming ways. I became an early promoter of midwifery, home and natural childbirth, and the amazing physiology of birth. I witnessed the courage of mothers, and the empowering, transformative and even ecstatic and spiritual potentials of birth giving (Buckley; Young). Currently, a new generation of legal,

professional Canadian midwives appears to be as dedicated to these early values of midwifery as their foremothers. These midwives will continue to inspire, I hope, ongoing shifts in social policy and to restore understanding of the centrality of mothers and birth giving to human life and culture. I aim to continue to explore how midwifery can impact social philosophy, while increasing positive, love-centred qualities for early human experience. I believe we can become a more socially just and loving world by empowering the rights, agency, and experiences of mothers themselves and by restoring awe, honour, and “joyousness” (Yoshimura) to the life-giving power of birth.

In the early days of lay midwifery, North American mothers and midwives were recovering from intervention-focused, paternalistic, and hierarchical limitations of the medical system, including the mistreatment of women giving birth (Arms). One limitation—realized after critiquing the overuse of episiotomies, the lithotomy position (lying on the back), and the strapping of mothers’ limbs—was the lack of connection between birthing mothers and their babies’ placentas. In hospitals, standard practice was, and still is, to cut the umbilical cord quickly. Once born, the placenta is often removed from mother and baby only to be disposed. Many mothers may not be aware of how this bloody-looking organ was an integral part of the growth of their own baby. The placenta as a physical and meaningful aspect of pregnancy and birth is still undervalued within the medicalization of birth.

As theorized by anthropologist Robbie David-Floyd, birth practices are a form of ritual. Ritual can be any action or sociocultural practice that establishes and regulates human thoughts, materials, or services. In this case, the medical ritual quickly disconnects mothers and babies after birth from each other, and from placentas. Yet in the midwifery and homebirth movement, mothers and midwives have rediscovered and learned about placentas; they have given value to this venerable organ of gestation and birth.

As a young midwife’s assistant, I became used to handling placentas after birth, when new mothers had time to look at and learn about their babies’ placentas. I especially remember the first time I saw a placenta up close, when a midwife mentor brought one from a recent birth in all its blood-red glory. I peered curiously at its bright red form, and through close instruction, I began to discern the placenta’s shape and function. I was soon in awe of its sacred design, as many mothers are when they learn about placentas for themselves. The placenta is like a grand communicator; placenta and umbilical cord define the paradox of connection and separation of two bodies. The placenta facilitates a continual dialogue of blood nourishment from mother to baby. Thus, our first language is truly one of maternal nourishment, where resources flow from mother to child in an abundant mother stream, which ensures the baby’s growth and survival.

Attending to placentas and cords during and after birth was an outgrowth

of grassroots midwifery and homebirth practices. Midwives and mothers followed body wisdom in allowing birth to unfold—reclaiming what I now call “mother-centred” healing traditions in which mothers are respected and honoured as life givers. Women’s knowledge and respect for birth itself has been invariably lost, hidden, or suppressed especially in Western societies through patriarchy. Disconnection from, and dishonouring of, actual female- and birth-based origins has become the norm, which has culminated in “disrespectful and abusive care during childbirth” worldwide (Bohren et al. 3; WHO), including “obstetrical violence” that can result in “birth trauma” (Alcorn; Creedy). Trauma is experienced by mothers who have been hurt, mistreated, or submitted to medical procedures they are powerless to stop during birth giving. The historical effects of the European witch hunts on midwifery, women’s healing practices, and wisdom (Spretnak), the colonization and oppression of Indigenous cultures and birthing traditions (Shiva), and the medicalization of birth (van Teijlingen et al.) have all greatly limited how modern society understands and approaches care for women’s sexual and reproductive health, bodies, and birth itself.

Thus, it is imperative to expand understanding and social philosophy from birth-based perspectives. Birth is a truly missing facet of the Western philosophical tradition, which has been dominated by hierarchical male-centred thinking that does not take birth experience into account. Birth and birth giving have been devalued and accorded low status as if birth giving were not connected to social, cultural, and spiritual production (O’Brien). As maternal philosopher Sarah Ruddick contends, “It is necessary for feminist philosophers to tell the story of birth again, reconnecting the work of mothering to the female labour in which it begins” (197). As a foundational experience for all of human life, I believe that revisioning birth in mother-centred ways provides socially transformative values. This is not about essentializing women as birth givers only, but recentring mothers to restore and re-story the power of birth for mothers’ social meaning and leadership.

### **Placenta Practices**

Much of what I learned in those lay midwifery years has flowered into mother-centred practices and uses of placentas—including not cutting the cord until it has stopped pulsing so that all of the baby’s blood flows from the placenta back to its own body, also known as “placental transfusion” (Garnaoui). Not cutting the cord too soon also means mothers and babies stay connected to each other, as they truly belong together after birth. Key to mother-centred birth is keeping the baby in the mother’s arms, which means not whisking the baby to the other side of the room away from the mother. The mother-baby, who are a “dyad” (a body of two), can then take these precious early moments to feel and

discover each other earthside, as the mother's hormones of love prevail. After the placenta is born, mothers are given time to see its form up close and to understand its function. They may choose to keep the placenta and later bury it—perhaps under a tree, in a yard, or somewhere close to where the baby was born. Families can create rituals and ceremonies with the placenta; they can give thanks for this gift of life. Placenta planting and ceremonies are filled with individual and cultural meanings highlighting the deep significance of birth and all mothers' gifting of life (Chawla; Burns; Mann).

Another use for placentas is to prepare, cook, or dry them for consumption by the mother (Link-Troen; Myers; Wood), just as many mammals consume placentas after birth. Placentas are hormone and nutrient rich so that consumption is thought to support mothers' vitality and to ease postpartum depression; across North America placentas are now anecdotally known to have these therapeutic values during the challenges of early mothering and beyond (Enning; Selander). Drying the placenta and making capsules from it—known as "placental encapsulation"—is one such consumption practice. Placenta consumption, also called "placentophagy," is being researched to better understand maternal uses, risks, benefits, and outcomes. Daniel Benyshek et al. found no adverse neonatal outcomes from mothers' placenta consumption. But they did not provide evidence of this practice alleviating mothers' postpartum depression, and suggested that maternity care providers discuss with mothers the full "range of options available" to prevent and treat postpartum depression (1). Further studies of placentophagy found incremental benefits for mothers regarding increased mood, hormonal levels, and less fatigue as compared to placebo groups, but there were no "robust differences" (Young et al.), so more research is warranted.

Placenta encapsulation has been developed in North America with a focus on pills, yet other methods exist. I have heard of the preparation of a special placenta broth for mothers by midwives in a region of China, as well as having cooked safely stored placenta myself for mothers in the hours and days after birth. German midwife Cornelia Enning recommends making a homeopathic "mother tincture" of placenta for the baby to use in future life to treat various ailments (46). It seems it is the stem cells in the placenta (and umbilical cord blood) that contribute to the healing magic of placentas as a regenerative medicine (Parolini). Concerning placenta uses and remedies, I caution that practices be done safely through the desire of the mother herself in consultation with experienced caregivers.

Other mother-centred practices focus on keeping the umbilical cord, which is the original thread of life and a potent energetic metaphor of placental relations. Mothers can keep their babies' umbilical cords and then dry them in spiral or other shapes. The cord takes days or weeks to shrink in size, and can become a sacred keepsake for mothers and children as life goes on. There is

also the “lotus birth” practice, in which mothers keep the baby, cord, and placenta intact for several days until the cord naturally dries up and falls away from the baby’s belly button. Lotus birth allows the placenta to be released in its own time; it is thought to be gentle and peaceful for the baby (Lim).

There are also placenta prints to make, which involve printing each side of the placenta directly onto white paper and leaving blood outlines as inky keepsakes on the page. Of course, there are many more cultural placenta practices, histories, and stories to tell and rediscover at home and worldwide. I love how placenta uses, ceremonies, remedies, stories, and art nourish mothers’ and babies’ wellbeing, honour mothers’ birth giving, and celebrate the arrival of new life. My aim for placental thinking is not to point to one placenta use or practice over another; rather, I highlight that through caring about placentas and finding meaning in their uses for mothers and babies, placentas become acknowledged for their life-giving and metaphoric value in and beyond the birth room. The social-, spiritual-, and meaning-based significance of placental relations between mother and baby are hard to measure through quantitative or clinical research studies alone. The ways in which placentas are being revealed and revalued show how mother-centred birth can transform mothers’ individual lives and increase social wellbeing for all. I see mother-centred birth as deeply connected to the placental gift of our collective maternal roots.

### Placental Thinking

The idea of “placental thinking” makes a creative nod toward philosopher Sara Ruddick’s *Maternal Thinking*.<sup>1</sup> Maternal thinking recognizes the compelling practical and intellectual work of mothering; it is social act in which “daily, mothers think out strategies of protection, nurturance, and training” (23). Ruddick acknowledges how the powers of mothers’ minds and actions nourish children’s growth and safety. Maternal thinking dispels the notion that motherhood is only biologically determined or some kind of instinctual occupation. In relation to this, placental thinking creatively forwards placentas as being of great value beyond purely biological notions of birth, which is meant to empower mothers and the work they do. Placental thinking extends the metaphor of placentas alongside mother-centred birth and birth-based social philosophies—understanding mothers to be social and cultural creators at every step. As such, birth giving is an act of profound agency and wisdom, a key moment of human endeavour.

Through placental thinking, we can imagine the heartbeat of the primal mother-baby dyad expressed through placental relations. In current medical practice, placentas are literally thrown out after birth. If garbage is “refuse,” then placentas are refused. Placentas are considered to be medical blood waste



and incinerated as such. Yet throwing out placentas may be an amplified metaphor of our social understandings of the maternal gift of life as being literally worthless. This is especially so in the context of mothers not knowing about, or having access to, their babies' placentas after birth. The association of birth blood as garbage is equally related to the taboos and shame associated with menstrual blood in Western cultures (Grahm). Rather than honouring the sacred function of the female body's life-giving powers, mainstream North American culture prefers displaying human violence and war in the media and movies. In contrast, the mother blood of life and birth is left unseen and unacknowledged. But this life blood can be reclaimed and celebrated for its creative, primal powers (Wood).

Separation rituals at birth, as with too early umbilical cord clamping and cutting—and removing the baby from its mother at the moment of birth—disrupt intimate processes of mother-baby bonding. These kinds of procedures interrupt the physiological and oxytocin hormonal peak of a mother's key experience of relief and even pleasure in the moments after her baby's birth, which are an integral part of early bonding (Buckley). Keeping the umbilical cord intact means the baby must be left attached to the mother, in her arms or on her chest, where the mother can connect with, hold, touch, feel, see, smell, hear, and talk to her newborn. This sense-based contact allows the mother and baby time to explore each other after birth; it also gives the placenta its direct hormonal signal to be born through the sensuality of mother-baby contact. Protecting the sensual nature of birth is surely placental thinking.

Additionally, directing kind, respectful, and compassionate attention toward birthing mothers is a component of placental thinking for mother-centred birth, which is a common philosophy and practice of midwives and doulas. But this need not be only so, as birth attendants everywhere can adopt a kind and respectful attitude toward mothers—including the ability and commitment to support, focus upon, listen to, and empathize with mothers. In a diagrammatic perspective, this form of care looks like a circle, where supportive caregivers hold space for the mother who is at the care circle's centre. Within this holistic birth circle, the mother can retain and direct her own energies for giving birth, physical and psychic, to herself and her baby. She has the birth power; she is the birth power with her baby—held in trusting relationships with her attendants, who direct their energies toward her as needed. Attendants in this birth circle have the ability to step back completely if unneeded. They can let themselves be invisible rather than command the centre of attention.

Attendants who demand mothers' energies for themselves often drain the life force from mothers. Birth giving is obviously very physical, but like running a marathon, giving birth is deeply mindful as the mother moves her consciousness inwards to focus on the huge task at hand. In authoritarian and



hierarchical systems of birth care, the birth energy is directed up and away from the mother and baby, as attendants often take “charge” of the birth. This is not a circle of care, but an appropriation of birth power so that birth-giving agency is delivered away from the mother. It is as if attendants were giving birth and not the mother. Attention focuses on the birth attendants themselves or on the machines working to keep track of mothers’ progress. Attendants then dictate directions for birth experience by implementing their expertise and interventions, perhaps without regard to the mothers’ wishes or even in communication with them. Mothers can end up feeling depleted and traumatized from giving birth under systems that appropriate their birth powers without regard for the quality and centrality of their experiences.

Although medical interventions are useful when absolutely needed, the mode of their delivery can get complicated by authoritarian and paternalistic (rather than “matristic,” meaning “of the mother”) practices of care. A fear of death exists, at times, during birth to contend with, and modern medicine has developed some useful techniques to deal with birth emergencies. Yet authoritative birth systems have often lost knowledge about or experience with low-tech, mother-centred birth—how to be with mothers and their birthing powers at the centre of birth giving. It is most often midwives and doulas who have experience with the long hours of mothers’ natural labours from working at home and in community settings.

In placental thinking for mother-centred birth, mothers can feel safe to surrender into their own birth-giving processes, however this unfolds for them. As mothers navigate intense sensations, they exude a unique hormonal cocktail—an energy generated by mother and baby. This energy can instill a sense of grace in all attending the birth of a baby. Thus, placental thinking is enacted in holistic, empowered models of mother-centred birth, which value mothers’ integrity, feelings, sensuality and wellbeing. Mothers are ideally educated about and prepared for the intense realities of birth giving, and have access to compassionate caregivers who can help them navigate birth terrain. At home, or in the clinic, birth centre, or hospital, mother-centred birth seems always advisable, no matter the interventions or procedures needed. This form of care involves a socially just, culturally informed, and mother-honouring attitude, and depends on the people, philosophies, and practices in various places. Placental thinking moves beyond patriarchal, authoritarian, and abusive practices of birth care toward valuing mothers and the experiential gifts of birth and life.

Thus, by reclaiming placentas, I hope to transform understandings of birth and to return birth-giving power to mothers themselves. Placental thinking acknowledges the arts, science, and understandings of birth arising from birth-based social and midwifery movements, from mothers’ direct birth-giving experiences, and from the wisdom embodied in humans being born.

We would not be here without the ages of birthing relations that have come before us. Placental thinking speaks to the fundamental necessity of caring well for mothers—those who carry human regeneration. I feel gratitude toward the humble placenta, as I behold its nourishing roots of life that gestate the earliest gifts of mothering. I honour this sacred gift of life born from so many mothers, and I reclaim mother-centred birth from our collective placental roots.

### Endnote

- <sup>1</sup> Ideas about placental thinking and mother-centred birth are also developed in the context of the maternal gift economy in my book chapter entitled, “Placental Thinking: The Gift of Maternal Roots,” from my edited anthology *Placenta Wit: Mother Stories, Rituals, and Research*, Demeter Press, 2017.

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